[Second Reprint]

SENATE, No. 1266

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED FEBRUARY 8, 2016

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator NIA H. GILL

District 34 (Essex and Passaic)

Assemblyman TIM EUSTACE

District 38 (Bergen and Passaic)

Assemblyman REED GUSCIORA

District 15 (Hunterdon and Mercer)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Co-Sponsored by:

Senators Weinberg, Allen, Cunningham, Ruiz, Assemblymen Johnson, Diegnan, Assemblywoman Tucker, Assemblymen Giblin, Green and Coughlin

SYNOPSIS

Establishes permanent sterile syringe access program.

CURRENT VERSION OF TEXT

As reported by the Senate Budget and Appropriations Committee on June 23, 2016, with amendments.

(Sponsorship Updated As Of: 7/1/2016)

1	AN ACT	concerning	sterile	syringe	access	programs,	amending
2	P.L.20	06, c.99 ²[ar	ıd makiı	ng an app	propriati	on]².	

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4 **BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

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- 1. Section 2 of P.L.2006, c.99 (C.26:5C-26) is amended to read as follows:
- 2. The Legislature finds and declares that:
- a. **[**New Jersey, in comparison with other states nationwide, has the highest rate of cumulative AIDS cases among women, the third highest rate of cumulative pediatric AIDS cases, the fifth highest adult HIV rate, and a rate of injection-related HIV infection that is almost twice the national average **]** <u>Injection drug use is one of the most common methods of transmission of HIV, hepatitis C, and other bloodborne pathogens;</u>
 - b. About one in every three persons living with HIV or AIDS is female;
 - c. More than a million people in the United States are frequent intravenous drug users at a cost to society in health care, lost productivity, accidents, and crime of more than \$50 billion annually;
 - d. Sterile syringe access programs have been proven effective in reducing the spread of HIV, hepatitis C₂ and other bloodborne pathogens without increasing drug abuse or other adverse social impacts; **[**yet New Jersey remains the only State nationwide that provides no access to sterile syringes in order to prevent the spread of disease; **]**
 - e. Every scientific, medical, and professional agency or organization that has studied this issue, including the federal Centers for Disease Control and Prevention, the American Medical Association, the American Public Health Association, the National Academy of Sciences, the National Institutes of Health Consensus Panel, the American Academy of Pediatrics, and the United States Conference of Mayors, has found sterile syringe access programs to
- f. Sterile syringe access programs are designed to prevent the spread of HIV, hepatitis C, and other bloodborne pathogens, and to provide a bridge to drug abuse treatment and other social services for drug users; and it is in the public interest to [encourage the development of] establish such programs in this State in accordance

be effective in reducing the transmission of HIV; and

42 with statutory guidelines designed to ensure the safety of consumers

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted June 6, 2016.

²Senate SBA committee amendments adopted June 23, 2016.

who use these programs, the health care workers who operate them, and the members of the general public.

3 (cf: P.L.2006, c.99, s.2)

- 2. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read as follows:
- 3. The Commissioner of Health shall establish [demonstration] program to permit [up to six municipalities] a municipality to operate a sterile syringe access program in accordance with the provisions of Ithis act. For the purposes of the demonstration program, the P.L.2006, c.99 (C.26:5C-25 et seq.), as amended by P.L., c. (pending before the Legislature as this <u>bill</u>). The commissioner shall prescribe by regulation requirements for a municipality to establish, or otherwise authorize the operation within that municipality of, a sterile syringe access program to provide for the exchange of hypodermic syringes and needles in accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et seq.) , and consistent with the rules adopted at N.J.A.C.8:63-1.1 et
 - a. The commissioner shall:

seq., effective April 9, 2007.

- (1) request an application, to be submitted on a form and in a manner to be prescribed by the commissioner, from any municipality that seeks to establish a sterile syringe access program, or from other entities authorized to operate a sterile syringe access program within that municipality as provided in paragraph (2) of subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as amended by P.L. , c. (pending before the Legislature as this bill);
- (2) approve those applications that meet the requirements established by regulation of the commissioner and contract with the municipalities or entities whose applications are approved to establish a sterile syringe access program as provided in paragraph (2) of subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as amended by P.L. , c. (pending before the Legislature as this bill), to operate a sterile syringe access program in any municipality in which the governing body has authorized the operation of sterile syringe access programs within that municipality by ordinance;
- (3) support and facilitate, to the maximum extent practicable, the linkage of sterile syringe access programs to: (a) health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted drug treatment services, and other substance abuse treatment services to consumers participating in a sterile syringe access program; and (b) housing assistance programs, career and employment-related counseling programs, and education counseling programs that may provide appropriate ancillary support services to consumers participating in a sterile syringe access program;

- 1 (4) provide for the adoption of a uniform identification card or 2 other uniform Statewide means of identification for consumers, 3 staff, and volunteers of a sterile syringe access program pursuant to 4 paragraph (9) of subsection b. of section 4 of P.L.2006, 5 c.99 (C.26:5C-28) , as amended by P.L. , c. (pending before the 6 Legislature as this bill); and
 - (5) maintain a record of the data reported to the commissioner by sterile syringe access programs pursuant to paragraph (11) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as amended by P.L. , c. (pending before the Legislature as this bill).
- 12 b. The commissioner shall be authorized to accept funding as 13 may be made available from the private sector to effectuate the 14 purposes of P.L.2006, c.99 (C.26:5C-25 et seq.), as amended by 15 P.L., c. (pending before the Legislature as this bill). 16

(cf: P.L.2015, c.10, s.4)

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- 3. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read as follows:
- 20 5. a. (1) The Commissioner of Health [and Senior Services] 21 shall report to the Governor and, pursuant to section 2 of P.L.1991, 22 164 (C.52:14-19.1), the Legislature, no later than one year after the 23 effective date of P.L.2006, c.99 (C.26:5C-25 et seq.) and biennially 24 thereafter, on the status of sterile syringe access programs 25 established pursuant to sections 3 and 4 of P.L.2006, c.99 (C.26:5C-26 27 and C.26:5C-28), as amended by P.L., c. (pending before 27 the Legislature as this bill), and shall include in that report the data 28 provided to the commissioner by each sterile syringe access 29 program pursuant to paragraph (11) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as amended by P.L. 30 31 c. (pending before the Legislature as this bill).
 - (2) For the purpose of each biennial report pursuant to paragraph (1) of this subsection, the commissioner shall:
 - (a) consult with local law enforcement authorities regarding the impact of the sterile syringe access programs on the rate and volume of crime in the affected municipalities and include that information in the report; and
 - (b) seek to obtain data from public safety and emergency medical services providers Statewide regarding the incidence and location of needle stick injuries to their personnel and include that information in the report.
- 42 b. [The commissioner shall report to the Governor and, 43 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the 44 Legislature, no later than six months after the date that the initial 45 sterile syringe access program, which is approved by the 46 commissioner pursuant to section 3 of P.L.2006, c.99 (C.26:5C-27), 47 commences its operations, and shall include in that report:

(1) an assessment of whether an adequate number of drug abuse treatment program slots is available to meet the treatment needs of persons who have been referred to drug abuse treatment programs by sterile syringe access programs pursuant to paragraph (4) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

- (2) a recommendation for such appropriation as the commissioner determines necessary to ensure the provision of an adequate number of drug abuse treatment program slots for those persons. I (Deleted by amendment, P.L., c.) (pending before the Legislature as this bill)
- c. The commissioner shall **[**contract with an entity that is independent of the department to I prepare a detailed analysis of the sterile syringe access programs, and [to] report on the results of that analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature [, no later than 24 months after the adoption of regulations required pursuant to subsection b. of section 7 of P.L.2006, c.99 (C.26:5C-31) and annually [thereafter]. The analysis shall include, but not be limited to:
 - (1) any increase or decrease in the spread of HIV, hepatitis C and other [blood-borne] bloodborne pathogens that may be transmitted by the use of contaminated syringes and needles;
 - (2) the number of exchanged syringes and needles and an evaluation of the disposal of syringes and needles that are not returned by consumers;
 - (3) the number of consumers participating in the sterile syringe access programs and an assessment of their reasons for participating in the programs;
 - (4) the number of consumers in the sterile syringe access programs who participated in drug abuse treatment programs; and
 - (5) the number of consumers in the sterile syringe access programs who benefited from counseling and referrals to programs and entities that are relevant to their health, housing, social service, employment and other needs.
 - d. **[**Within 90 days after receipt of the third report pursuant to subsection c. of this section, the commissioner shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, on a day when both Houses of the Legislature are meeting in the course of a regular or special session, the commissioner's recommendations regarding whether or not to continue the demonstration program established pursuant to this act. The commissioner's recommendations shall be effective unless the Legislature passes a concurrent resolution overriding the commissioner's recommendations no later than the 45th day after its
- 46 receipt of those recommendations.] (Deleted by amendment,
- 47 P.L., c.) (pending before the Legislature as this bill
- 48 (cf: P.L.2015, c.10, s.6)

S1266 [2R] VITALE, GILL

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I	4. Section 8 of P.L.2006, c.99 (C.2C:36-6a) is amended to read				
2	as follows:				
3	8. The possession of a hypodermic syringe or needle by a				
4	consumer who participates in, or an employee or volunteer of, a				
5	sterile syringe access program established pursuant to sections 3				
6	and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), as amended				
7	by P.L., c. (pending before the Legislature as this bill), shall not				
8	constitute an offense pursuant to N.J.S.2C:36-1 et seq. This				
9	provision shall extend to a hypodermic syringe or needle that				
10	contains a residual amount of a controlled dangerous substance or				
11	controlled substance analog.				
12	(cf: P.L.2006, c.99, s.8)				
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14	¹ [5. There is appropriated from the General Fund to the				
15	Department of Health [and Senior Services] the sum of \$95,000 to				
16	effectuate the provisions of this act.]¹				
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18	² [15. (New section) There is appropriated from the General				
19	Fund to the Department of Health the sum of \$95,000 to effectuate				
20	the provisions of this act. ¹] ²				
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22	² [6.] <u>5.</u> This act shall take effect immediately.				